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*MAR 21 2005*

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12/17/2004

FENWICK & WEST LLP  
SILICON VALLEY CENTER  
801 CALIFORNIA STREET  
MOUNTAIN VIEW, CA 94041

**Fenwick & West**

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**Received**

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**John T. McNelis**

(Depositor's name)

*[Signature]*

(Signature)

*16 March 2005*

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/007,734	11/09/2001	Yaochu Jin	6445	4963

TITLE OF INVENTION: APPROXIMATE FITNESS FUNCTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/17/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAVIS, GEORGE B	2121	706-013000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Honda Research Institute Europe  
GMBH**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Offenbach/Main, Germany**

01 FC:1501  
02 FC:1504  
03 FC:8001

1400.00 OP  
300.00 OP  
30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2555 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature John T. McNelis

Date 16 March 2005

Typed or printed name John T. McNelis

Registration No. 37,186

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